DECLARATION AND POWER OF ATTORNEY U.S.A. Ref

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY: OR PROVISIONAL APPLICATIONS

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NON PRIORITY; OR PROVISIONAL APPLICATIONS As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that from ne original. first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled: Device for identifying clamping tools 102 PCT International Application No. PCT/FR03/01467/ MAY which is described and claimed in: the attached specification the specification in application Serial No. (if applicable) and amended on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) 2002 MAY 06051 FRANCE 16 (Day/Month/Year Filed) (Number) (Country) (Day/Month/Year Filed) (Number) (Country) (Day/Month/Year Filed) (Number) (Country) I hereby claim the benefit under Title 35, United States Code,§119(e) of any United States provisional application(s) listed below: Filing Date Application No. I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application: (Filing Date) (Status: patented, pending, abandoned) (Application Serial No.) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20.851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20.640); ALLEN S. MELSER (27.215); MICHAEL R. SLOBASKY (26.421); JONATHAN L. SCHERER (29.851); IRWIN M. AISENBERG (19.007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772) SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 <u>JACOBSON HOLMAN</u> JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. PROFESSIONAL LIMITED LIABILITY COMPANY WASHINGTON, D.C. 20004 *Inventor(s) name must include at least one unabbreviated first or middle name. GIVEN NAME MIDDLE NAME FULL NAME AMILY NAME OF INVENTOR THIROUIN <u>Stéphane</u> <u>Denis</u> STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP FRANCE RESIDENCE & CITIZENSHIP PARIS FRANCE STATE OR COUNTRY ZIP CODE OST OFFICE POST OFFICE ADDRESS **ADDRESS** 75016 PARIS FRANCE 120 Avenue de Versaill¢s AMILY NAME FULL NAME GIVEN NAME MIDDLE NAME OF INVENTOR RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE OR COUNTRY ZIP CODE **ADDRESS** MIDDLE NAME **FULL NAME** AMILY NAME GIVEN NAME OF INVENTOR RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE POST OFFICE ADDRESS CITY STATE OR COUNTRY ZIP CODE **ADDRESS** I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201* SIGNATURE OF INVENTOR 202* SIGNATURE OF INVENTOR 203*

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Additional inventors are named on separately numbered sheets attached hereto.